



seedsofhopeohio.com

Staff Application
Homeless is not hopeless

Personal Information

Full Legal Name _____ Date _____
Street Address _____
City _____ State _____ zip _____
Home phone _____ Work phone _____ email _____
Social Sec #: _____ DOB ____/____/____
Gender : Male or Female
Where do you attend church? _____
Pastor's name/number _____

Employment History

Please Provide employment information for the past five years, with most recent position held first. If more space is needed use an extra sheet of paper.

Employer: _____
Street Address: _____
City: _____ State _____ zip _____
Supervisors Name: _____ Title _____
Phone _____ Dates of Employment _____ to _____ (m/year)
Position Held _____ worked: Full-Time / Part-Time
[Repeating the above form structure for three additional entries]

Please List two References (Not Family)

Name: _____
Street Address: _____
City: _____ State _____ zip _____
Years Known: _____ Title _____ Phone _____

Name: _____
Street Address: _____
City: _____ State _____ zip _____
Years Known: _____ Title _____ Phone _____

Applicant Questions

Please answer all of the following questions as completely as possible. If more space is needed write on the back of this page

1. Why do you want to work at Seeds of Hope?

2. What qualities, skills, or other attributes do you feel you have that would benefit Seeds of Hope?

3. How would you describe yourself as a person?

4. How would your friends, family and coworkers describe you?

5. Have you ever been arrested or convicted of a misdemeanor or felony? _____ If so, what were the circumstances?

6. Have you ever used illegal drugs? _____ If so, what substances were used and how often?

7. Are you currently using any illegal drugs or controlled substances? _____
8. Do you drink alcohol? If so, what and how often? _____
9. Have you ever been convicted of a DUI? _____ If yes, what were the circumstances?

10. Have you ever received treatment for alcohol or substance abuse? _____ If yes, Please explain.

11. Have you ever been investigated or convicted of sexually abusing or molesting a youth 18 or younger? _____ If yes, please explain

12. Have you ever been treated or hospitalized for a mental disorder? _____ If yes, please explain

13. Have you done any other case manager/social work? _____ If so give details:

14. How did you hear about Seeds of Hope? _____

15. Will you be providing transportation as a part of your work? ___ Yes ___ No

Please list your availability:

_____ Daytime _____ Evenings _____ Overnights _____ Weekends

Please list any licenses/certifications that you currently hold:

Emergency Contact Information

In case of emergency notify _____ relationship _____

Telephone number _____

Physician _____ Telephone _____

If you are called in for an interview please bring the following:

- 1. Copy of your valid driver's license, insurance or state ID**
- 2. At least 3 personal references**
- 3. Copy of your social security card (for background checks we run)**
- 4. Copy of High School Diploma and/or highest degree**
- 5. Copy of birth certificate**

Please read this carefully before signing:

Seeds of Hope appreciates your interest in working with us:

Please initial each statement after reading

_____ I agree to follow all guidelines and understand that any violation will result in suspension and/or termination.

_____ (optional) I agree to allow SOH to use any photographic image of me taken while participating as a staff member. These images may be used in promotions or other related marketing materials.

_____ I understand I must bring the completed items above to the interview in order to complete the application process.

I understand that SOH does a thorough background investigation for all potential applicants. This investigation is limited to only that information required to determine fitness for volunteering and may include, but is not limited to, past employment history, and a criminal background investigation. By affixing my signature to this document, I agree to hold harmless any previous employer, agent of that corporation, or any individual or organization providing information pursuant to this Authorization.

I also understand that by affixing my signature to this document that I am acknowledging that I am aware that Seeds of Hope Inc. is not authorizing me to transport any clients and if I choose to do so, I am doing so on my own volition. I further acknowledge that Seeds of Hope Inc. is not authorizing me to give any type of financial support or professional counsel to clients.

Signature

Date

Staff Received by

Date